



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 19, 2021

Michelle Showalter-Johnson  
420 Russell Street  
Leslie, MI 49251

RE: License #: AF330390402  
**Twin Pines AFC**  
**420 Russell Street**  
**Leslie, MI 49251**

Dear Ms. Showalter-Johnson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan, you are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF330390402
<b>Licensee Name:</b>	Michelle Showalter-Johnson
<b>Licensee Address:</b>	420 Russell Street Leslie, MI 49251
<b>Licensee Telephone #:</b>	(517) 589-9362
<b>Licensee/Licensee Designee:</b>	Michelle Showalter-Johnson
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Twin Pines AFC
<b>Facility Address:</b>	420 Russell Street Leslie, MI 49251
<b>Facility Telephone #:</b>	(517) 589-9362
<b>Original Issuance Date:</b>	08/24/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 02/10/2021

Date of Bureau of Fire Services Inspection if applicable: Not Applicable

Date of Health Authority Inspection if applicable: Not Applicable

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 6  
No. of others interviewed 1 Role: Member of household

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
Inspection did not occur during meal preparation/service.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
No incident reports.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**MCL 400.734**      **400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.**

**Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

**Due to the length of this entire rule, including subrules, please use individual subrules or auto text.**

Staff Shirley Drager requires an updated background check application/consent.

**R 400.1405**      **Health of a licensee, responsible person, and member of the household.**

**(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.**

Licensee Michelle Showalter-Johnson and Member of Household Brandon Showalter require an updated health assessment.

**R 400.1421**      **Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

Licensee requires Resident Fund form to track AFC payments.

**R 400.1438**

**Emergency preparedness; evacuation plan; emergency transportation.**

(1) A licensee shall have an evacuation plan and written procedures to be followed in case of fire, medical emergency, or severe weather emergency. Residents who require special assistance shall be identified in the written procedure.

Licensee requires emergency/evacuation plan to include medical and weather emergencies.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



02/19/2021

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Date

Licensing Consultant